

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028248

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4042

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 43 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 4525 OLIVE STREET	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ANDREW Last DAVIS		4. DATE OF DEATH Month JULY Day 16 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1893
9. AGE (last birthday) 71		10. UNDER 1 YEAR Months 4 Days 6 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK, RET.		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE	
11. BIRTHPLACE (City and state or country) Scottsville, Kans.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BURNETT CLAY DAVIS		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH TUTTLE	
14. NAME OF HUSBAND OR WIFE AUGUSTA M. DAVIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wernia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Chronic nephrosclerosis DUE TO (b) essential hypertension DUE TO (c) 5 years 30 years		17. INFORMANT MRS. AUGUSTA M. DAVIS, K.C., Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:20 a.m. PM Month, Day, Year Dec 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KANSAS CITY, Mo.
21. I attended the deceased from Dec 1962 to 7-16-63 and last saw him alive on 7-16-63 Death occurred at 6:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 4620 NICHOLS PARKWAY, KANSAS CITY, Mo.	
22a. SIGNATURE Waldo J. Hart M.D. (Degree or title)		22b. DATE SIGNED 7/1/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 19, 1963	23c. NAME OF CEMETERY OR CREMATOR FOREST HILL CEM.	23d. LOCATION (City, town, or county) KANSAS CITY, Mo.
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS		25. DATE RECD. BY LOCAL REG. 7-18-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

II Scottsville, Kans.

DOCUMENT

BY AFFIDAVIT OF Informant

Waldo S. Holt

Medical Certification

Dr. Waddo & Holt
4150 Rega Parkway Bldg. 4th 20 J.C. Nichols Parkway
1:30-5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold R. Smith

Licensed Embalmer No. 4998

P. O. Address R.C. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.